

Child's Name _____ Birth date _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Parent Name _____ E-mail (required) _____
Home Phone _____ Cell Phone _____ Work Phone _____

Registration Fee (Non-Refundable) \$35.00 yearly.

Plans (circle the fee of the plan you are registering for)	Fees (weekly)	Sibling Discount
1. Afternoon Plan (up to 5 days each week)	\$59.00	\$53.10
2. Part-Time (up to 3 days each week)	\$42.50	\$38.25
3. One hour Program (2:30-3:30) (early release day 11:30-3:30)	\$35.00	N/A
4. Drop in minimum use fee (due on the first of the month)	\$25.00 a month	N/A
5. Drop in (must be pre-paid)	\$15.00 a day	N/A
6. Drop In (early dismissal 11:30 a.m.) (must be pre-paid)	\$25.00 a day	N/A

Remember
to circle your
plan

____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies.
____ (Initial) I understand payment is due on Fridays, prior to services.
____ (Initial) I understand if my tuition payment is not paid on Friday prior to service my child cannot attend and will be sent to the school office for immediate pick up. In addition, I will be charged a \$10.00 late fee.
____ (Initial) **NO CREDIT** will be given for days that are not used. Accounts cannot be placed on hold.
____ (Initial) I understand that if my child is registered for the one hour program and she/he stays after 3:30pm, I will be charged the drop in rate of \$15.00 for that day.
____ (Initial) I give permission for my child to be photographed or videotaped in a school-related setting, including public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to, newsletters, brochures, and school/district websites.
____ (Initial) **KIDS CLUB REQUIRES A TWO-WEEK WRITTEN NOTICE TO DECREASE OR STOP SERVICES.**
____ (Initial) I understand my child can't attend unless he/she is in good health, and has no fever and no current health issues that make it unsafe for my child to participate in Kids Club.
____ (Initial) This agreement is subject to change in order to meet the needs of Laveen School District due to COVID 19.

Parent/Guardian's Signature_____
Date**Registration will not be accepted without the following documentation attached:**

- Completed registration form with signature ADHS Emergency information form
 Immunization record IEP (if applicable)
 Court papers (if applicable)

If you wish to change your original registration you must complete a new registration form. All changes must be done in person two weeks prior to effective date at the Kids Club Office located at Desert Meadows School.

New Registration form submitted on: ___\$20.00 fee on 3rd registration change. Change effective date: _____**DES Authorized Services**

____ (Initial) I understand if my DES services stop I am subject to the same fees as cash paying participants.
____ (Initial) I understand copays are based on the Registration Agreement not the number of days the child attends.
____ (initial) I understand if I fail to follow DES rules regarding times and signatures on the attendance sheet I will be responsible for that day's tuition fees.

DUE AT THE TIME OF REGISTRATION:

\$ _____ Registration fee (non-refundable) (registration fee is not discounted)
\$ _____ First week payment
\$ _____ Total due today

Start day: _____
Agreement ends May 18, 2022

Fees can be paid online, or by check and money order in the check box. Cash payment can only be paid at the Kids Club office
For online payment go to: myporcare.com

For Official Use Only

Paid by: _____

Procure: info _____ Billing _____, Ledger _____ Billed _____ / _____
Info _____, office copy _____ site copy sent _____
DES auth received _____, called _____, Sch emailed _____